

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street)

3601 Vincennes Road

PO Box 68700

☐ Check if different than previously reported. (ACC)

Indianapolis

IN

46268

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00170258

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 01 2014

through

M M M / D D D / Y Y Y Y Y Y
05 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Gregg A. Dykstra J.D.

Signature of Treasurer

Mr. Gregg A. Dykstra J.D.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 19 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
05 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		61979.34
(b) Cash on Hand at Beginning of Reporting Period.....	56391.55	
(c) Total Receipts (from Line 19)	45741.50	203129.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	102133.05	265109.06
7. Total Disbursements (from Line 31)	42761.50	205737.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59371.55	59371.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
05 01 2014

To:

M M / D D / Y Y Y Y Y
05 31 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

33546.67

128708.00

(ii) Unitemized

10761.38

57240.67

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

44308.05

185948.67

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

1250.00

15750.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

45558.05

201698.67

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

177.94

1405.34

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

5.51

25.71

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

45741.50

203129.72

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

45741.50

203129.72

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	261.50	1737.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	261.50	1737.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42500.00	202000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42761.50	205737.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42761.50	205737.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	45558.05	201698.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45558.05	201698.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	261.50	1737.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	177.94	1405.34
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	83.56	332.17

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 80
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Don H. Adams CIC

Mailing Address PO Box 571310

City State Zip Code
Murray UT 84157-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bear River Mutual Insurance Company

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 01 / 2014

Transaction ID : A36C39679EFD045B19AE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Cathy M. Adcock

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 07 / 2014

Transaction ID : A1F2431F1DF5F4D80B15

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Mr. Todd E. Albert

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Company

Occupation
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

05 / 06 / 2014

Transaction ID : A1DC0E1CFDCF54F529E1

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

355.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Todd E. Albert

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 19 / 2014

Transaction ID : A16147FC726CD42CBB50

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Jim Alexander

Mailing Address PO Box 2502

City

Fargo

State

ND

Zip Code

58108-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nodak Mutual Insurance Company

Occupation

Executive Vice President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2014

Transaction ID : AA1C01C1964F54878847

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Neil Aldredge

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 02 / 2014

Transaction ID : A384DABDFB56E41EA84D

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 80
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Neil Aldredge

Mailing Address PO Box 68700

City
Indianapolis

State Zip Code
IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 15 / 2014

Transaction ID : ACE1E7FE2B489465AB8B

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Mr. Neil Aldredge

Mailing Address PO Box 68700

City
Indianapolis

State Zip Code
IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

05 / 29 / 2014

Transaction ID : A4040F85384C743BBBC0

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Ms. Diane Allen

Mailing Address 6101 Anacapi Blvd

City
Lansing

State Zip Code
MI 48917-3994

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation
Vice President-Personnel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 07 / 2014

Transaction ID : AF038A6E734EC4CDDAAB

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 80
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Roberta Alsworth

Mailing Address 118 Downtown Plz

City State Zip Code
Fairmont MN 56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Fairmont Farmers Mutual Insurance Comp Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2014

Transaction ID : A203B1096FE4B4E279CF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. James Asher

Mailing Address 57 Washington St

City State Zip Code
Quincy MA 02169-5303

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Quincy Mutual Fire Insurance Company Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2014

Transaction ID : ACDD05D471C7B4B8CB0B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Brent Bahler

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
National Association of Mutual Insuran Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.90

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : A2A2C7B9CCD5847D6806

Amount of Each Receipt this Period

51.29

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

551.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 80
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brent Bahler

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.19

Date of Receipt

05 / 15 / 2014

Transaction ID : AF7B445E0F7CC446BAA2

Amount of Each Receipt this Period

51.29

Full Name (Last, First, Middle Initial)

B. Mr. Brent Bahler

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.48

Date of Receipt

05 / 29 / 2014

Transaction ID : ADD0D93D6307F4629AA5

Amount of Each Receipt this Period

51.29

Full Name (Last, First, Middle Initial)

C. Mr. Michael D. Baker

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2014

Transaction ID : AA44764CF17924AF5A02

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

152.58

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas W. Beach

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 30 / 2014

Transaction ID : AAF2068486A3848018C4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Jennifer Behne

Mailing Address 118 Downtown Plz

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairmont Farmers Mutual Insurance Comp

Occupation

Administrative Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2014

Transaction ID : A2741DA78B1C449DE951

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Chris Belcher

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

05 / 05 / 2014

Transaction ID : AED7554DA36C740B091F

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

812.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 80
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. John S. Benson

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Frankenmuth Mutual Insurance Company

Occupation
 Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

05 / 09 / 2014

Transaction ID : AAA7738E2A8AE4452958

Amount of Each Receipt this Period

117.00

Full Name (Last, First, Middle Initial)

B. Mr. John S. Benson

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Frankenmuth Mutual Insurance Company

Occupation
 Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1287.00

Date of Receipt

05 / 23 / 2014

Transaction ID : AA44FB935131A4CD291D

Amount of Each Receipt this Period

117.00

Full Name (Last, First, Middle Initial)

C. W. A. Bissette

Mailing Address 1 Commerce Sq

City State Zip Code
 Philadelphia PA 19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pennsylvania Lumbermens Mutual Insuran

Occupation
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 30 / 2014

Transaction ID : ACDF0DC702F214AAA805

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

734.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen F. Boyd

Mailing Address 1 Commerce Sq

City State Zip Code
Philadelphia PA 19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens Mutual Insuran

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 30 / 2014

Transaction ID : ABABFD478D62D4E78866

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Larry A. Bray PFMM, CPCU

Mailing Address PO Box 7988

City State Zip Code
Madison WI 53707-7988

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wisconsin Reinsurance Corporation

Occupation
VP of Client Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2014

Transaction ID : AC705DD7FF3004EF49AD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mr. Steven Briggs

Mailing Address 57 Washington St

City State Zip Code
Quincy MA 02169-5303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quincy Mutual Fire Insurance Company

Occupation
Senior Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : A004F56D3D30A4D809ED

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bob I. Buchanan

Mailing Address 6101 Anacapri Blvd

City

Lansing

State

MI

Zip Code

48917-3994

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President, Info. Systems &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 07 / 2014

Transaction ID : A64A2A6CD48B14E9BB7A

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Ms. Susan Burmeister

Mailing Address 118 Downtown Plz

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairmont Farmers Mutual Insurance Comp

Occupation

Office Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2014

Transaction ID : A1D072E22B157423F872

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Mike Bush

Mailing Address PO Box 860

City

Bryant

State

AR

Zip Code

72089-0860

FEC ID number of contributing
federal political committee.

C

Name of Employer

Farmers Union Mutual Insurance Company

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.33

Date of Receipt

05 / 27 / 2014

Transaction ID : AF183318D97CC45F1AF7

Amount of Each Receipt this Period

833.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. John A. Bykowski

Mailing Address PO Box 819

City

Appleton

State

WI

Zip Code

54912-0819

FEC ID number of contributing
federal political committee.

C

Name of Employer

SECURA Insurance, A Mutual Company

Occupation

Chairman of the Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 27 / 2014

Transaction ID : AB3318F6991F446A1BA3

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ms. Ginny Caro

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Vice President of Claims Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

05 / 01 / 2014

Transaction ID : AEC52AC06617D41469B3

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

c. Ms. Ginny Caro

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Vice President of Claims Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

05 / 15 / 2014

Transaction ID : A812A712F8EA6471C9E3

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2583.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

05 / 02 / 2014

Transaction ID : A5F4B78FB912D40E990F

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Mr. Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

05 / 15 / 2014

Transaction ID : AF2B54B03A1A944A2889

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Mr. Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

05 / 29 / 2014

Transaction ID : AD5867CA050E54E32BBF

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Alexander Clark

Mailing Address 57 Washington St

City State Zip Code
 Quincy MA 02169-5303

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Quincy Mutual Fire Insurance Company

Occupation
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : A41ECDB45A4E54D988CD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark Coe

Mailing Address PO Box 111

City State Zip Code
 Bucyrus OH 44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ohio Mutual Insurance Company

Occupation
 IT Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

05 / 06 / 2014

Transaction ID : AF1210FF9FA3547C29B6

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark Coe

Mailing Address PO Box 111

City State Zip Code
 Bucyrus OH 44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ohio Mutual Insurance Company

Occupation
 IT Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

05 / 19 / 2014

Transaction ID : A25E35988B9CC4F719A8

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)..... ►

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328.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Darwin G. Copeman CPCU

Mailing Address PO Box 468

City

Neenah

State

WI

Zip Code

54957-0468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jewelers Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 01 / 2014

Transaction ID : A14C1DF6BD148443DB8D

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Ms. Connie Costigan PFMM

Mailing Address PO Box 968

City

Concordia

State

MO

Zip Code

64020-0968

FEC ID number of contributing
federal political committee.

C

Name of Employer

CFM Insurance, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 20 / 2014

Transaction ID : A620F9CA11460403E8EA

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. William C. Craine

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1896

FEC ID number of contributing
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2014

Transaction ID : A05806B17B11D4D71A76

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dan DeArment PFMM

Mailing Address PO Box 646

City State Zip Code
 Bedford PA 15522-0646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Friends Cove Mutual Insurance Company

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : A2AA1EFF9D0344957A96

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Rick DeGraw

Mailing Address 3030 N 3rd St

City State Zip Code
 Phoenix AZ 85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer
CopperPoint Mutual Insurance Company

Occupation
CAO & Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : AC80EDE1E60AF4387865

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Mr. Rick DeGraw

Mailing Address 3030 N 3rd St

City State Zip Code
 Phoenix AZ 85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer
CopperPoint Mutual Insurance Company

Occupation
CAO & Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : A7BBE7E3B1DAF44DB81C

Amount of Each Receipt this Period

41.67

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333.34

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert Detlefsen PhD

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.80

Date of Receipt

05 / 02 / 2014

Transaction ID : A46F9504CF42C460A938

Amount of Each Receipt this Period

43.48

Full Name (Last, First, Middle Initial)

B. Mr. Robert Detlefsen PhD

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.28

Date of Receipt

05 / 15 / 2014

Transaction ID : A8436BDB956CC4385B6D

Amount of Each Receipt this Period

43.48

Full Name (Last, First, Middle Initial)

c. Mr. Robert Detlefsen PhD

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.76

Date of Receipt

05 / 29 / 2014

Transaction ID : A4A0B88ED90D147B7AF3

Amount of Each Receipt this Period

43.48

SUBTOTAL of Receipts This Page (optional)..... ►

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130.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Charles W. Drier

Mailing Address PO Box 3337

City State Zip Code
 Peoria IL 61612-3337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : A88EEA70E9775499E828

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Mr. Gregg A. Dykstra J.D.

Mailing Address 3601 Vincennes Rd

City State Zip Code
 Indianapolis IN 46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.60

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : A51918E6798084AD6933

Amount of Each Receipt this Period

96.16

Full Name (Last, First, Middle Initial)

c. Mr. Gregg A. Dykstra J.D.

Mailing Address 3601 Vincennes Rd

City State Zip Code
 Indianapolis IN 46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.76

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : A2B16C7F6533C4A5B9EC

Amount of Each Receipt this Period

96.16

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267.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gregg A. Dykstra J.D.

Mailing Address 3601 Vincennes Rd

City State Zip Code
 Indianapolis IN 46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
 National Association of Mutual Insuran

Occupation
 Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.92

Date of Receipt

05 / 29 / 2014

Transaction ID : A4A0251F43D9C499E8B9

Amount of Each Receipt this Period

96.16

Full Name (Last, First, Middle Initial)

B. Mr. Fred A. Edmond CPCU, CIC

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Frankenmuth Mutual Insurance Company

Occupation
 President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 09 / 2014

Transaction ID : A4C79EA7C76DE4AA3985

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

c. Mr. Fred A. Edmond CPCU, CIC

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Frankenmuth Mutual Insurance Company

Occupation
 President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

05 / 23 / 2014

Transaction ID : A56F5B829CB1746349B2

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

256.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Andrew M. Eriksen

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2014

Transaction ID : A380A75C486C1475D848

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen F. Fabian

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Vice President, Chief Information Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.48

Date of Receipt

05 / 01 / 2014

Transaction ID : AF5C98C120CE24799B05

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Ms. Gayle Fisher

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President-Life Operatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

05 / 07 / 2014

Transaction ID : AD64E357C17454590B77

Amount of Each Receipt this Period

65.00

SUBTOTAL of Receipts This Page (optional)..... ►

248.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Benjamin Galloway

Mailing Address PO Box 618

City
Columbia

State
MO

Zip Code
65205-0618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

Senior Vice President & CRO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2014

Transaction ID : AC9FCBEEE326D4345A71

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Randy Gerdes

Mailing Address 3030 N 3rd St

City
Phoenix

State
AZ

Zip Code
85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Vice President of Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 15 / 2014

Transaction ID : A59FEEE3D15EE4B2B8C7

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Mr. Bryan Gilleland

Mailing Address One Mutual Avenue

City
Frankenmuth

State
MI

Zip Code
48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 09 / 2014

Transaction ID : A8AD76010C7E94BAEBE0

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

109.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bryan Gilleland

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Frankenmuth Mutual Insurance Company

Occupation
 Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 23 / 2014

Transaction ID : ACBBF121F274A4665BAB

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

B. Ms. Yvette Gonzales

Mailing Address 3030 N 3rd St

City State Zip Code
 Phoenix AZ 85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CopperPoint Mutual Insurance Company

Occupation
 Senior Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : A1F31445B3F3344E79B2

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Ms. Yvette Gonzales

Mailing Address 3030 N 3rd St

City State Zip Code
 Phoenix AZ 85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CopperPoint Mutual Insurance Company

Occupation
 Senior Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : A50CFE2AFDCBD411DAD

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

121.81

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jimi Grande

Mailing Address 122 C St NW Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
National Association of Mutual Insuran Senior Vice President-Federal and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1136.40

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : A37ACB1DD695B43F4BEE

Amount of Each Receipt this Period

113.64

Full Name (Last, First, Middle Initial)

B. Mr. Jimi Grande

Mailing Address 122 C St NW Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
National Association of Mutual Insuran Senior Vice President-Federal and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : A25322FFBBC4F4A7B84C

Amount of Each Receipt this Period

113.64

Full Name (Last, First, Middle Initial)

C. Mr. Jimi Grande

Mailing Address 122 C St NW Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
National Association of Mutual Insuran Senior Vice President-Federal and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1363.68

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2014

Transaction ID : AF82F85345C524079BF8

Amount of Each Receipt this Period

113.64

SUBTOTAL of Receipts This Page (optional)..... ►

340.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jonathan C. Grether MSIM, CPCU

Mailing Address PO Box 370

City State Zip Code
Algona IA 50511-0370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pharmacists Mutual Insurance Company

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : AABF2086DD0274D0798C

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mr. Clarence Guinn CPA

Mailing Address PO Box 489

City State Zip Code
Rogers AR 72757-0489

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Protective Mutual Insurance Co

Occupation
Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : A6A7D4FEC6EBD40318BB

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. John Hair

Mailing Address 122 C St NW Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Federal Affairs Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 02 / 2014

Transaction ID : A0B31363B6F664D45B26

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Hair

Mailing Address 122 C St NW Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Federal Affairs Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : A8BEFF2EF4BDF4DA7931

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Mr. John Hair

Mailing Address 122 C St NW Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Federal Affairs Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2014

Transaction ID : AD280F9509F7F40628C3

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas A. Harris

Mailing Address 57 Washington St

City State Zip Code
Quincy MA 02169-5303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quincy Mutual Fire Insurance Company

Occupation
Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : AC189E24D319243E4BD3

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

330.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brian Hayes

Mailing Address 57 Washington St

City State Zip Code
 Quincy MA 02169-5303

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Quincy Mutual Fire Insurance Company

Occupation
 Vice President, Commercial Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : A2DD3F33AB8C74DAFB75

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Eugene T. Heaney

Mailing Address 1 Preferred Way

City State Zip Code
 New Berlin NY 13411-1896

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Preferred Mutual Insurance Company

Occupation
 Vice President of Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 12 / 2014

Transaction ID : A7C672D341432441DB41

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

c. Mr. F. Timothy Hegarty Jr., CPCU

Mailing Address 222 Ames St

City State Zip Code
 Dedham MA 02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Norfolk & Dedham Mutual Fire Insurance

Occupation
 President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

05 / 20 / 2014

Transaction ID : AA0663D5C15554229955

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

335.00

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Tammy Herzog

Mailing Address 118 Downtown Plz

City State Zip Code
 Fairmont MN 56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Fairmont Farmers Mutual Insurance Comp Inspections Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : A0512BEA2B42A4B7E982

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Katherine Hesse

Mailing Address 57 Washington St

City State Zip Code
 Quincy MA 02169-5303

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Quincy Mutual Fire Insurance Company Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : AA52C7BE359F74894BD5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard D. Hundven

Mailing Address PO Box 432

City State Zip Code
 Buckley WA 98321-0432

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Mutual of Enumclaw Insurance Company Vice President - Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 05 / 01 / 2014

Transaction ID : A79D025D07A954C619F7

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Timothy R. Hyle CPA

Mailing Address 1 Preferred Way

City State Zip Code
 New Berlin NY 13411-1896

FEC ID number of contributing
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Vice President, Finance & Risk Managem

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 12 / 2014

Transaction ID : A03502801DA13460091C

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Benjamin Jacobs

Mailing Address 118 Downtown Plz

City State Zip Code
 Fairmont MN 56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairmont Farmers Mutual Insurance Comp

Occupation

Adjuster/Inspector

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2014

Transaction ID : A9CDFB83073B946F19A6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Theresa Jakubick

Mailing Address PO Box 111

City State Zip Code
 Bucyrus OH 44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 19 / 2014

Transaction ID : A8D7417D5C32541E991E

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Amy R. Johnson PFMM

Mailing Address PO Box 197

City
Finley

State
ND

Zip Code
58230-0197

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steele Traill County Mutual Insurance

Occupation

Manager/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.23

Date of Receipt

05 / 20 / 2014

Transaction ID : AE650967CB0604709B9A

Amount of Each Receipt this Period

111.11

Full Name (Last, First, Middle Initial)

B. Mr. Mark Johnston

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Director - State Affairs, Midwest Regi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 27 / 2014

Transaction ID : AD5C65DA4F55344D0890

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Rick Jones

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Executive Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

05 / 01 / 2014

Transaction ID : A291653166BC147CEBA8

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

653.11

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Rick Jones

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Executive Vice President & COO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 15 / 2014

Transaction ID : A3DD45213D95B483A97C

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas Karol

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Federal Affairs Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.60

Date of Receipt

05 / 02 / 2014

Transaction ID : AA223FC3DE9EA41A7A15

Amount of Each Receipt this Period

45.46

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Karol

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Federal Affairs Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.06

Date of Receipt

05 / 15 / 2014

Transaction ID : AC8E3C19AF0434DDD901

Amount of Each Receipt this Period

45.46

SUBTOTAL of Receipts This Page (optional)..... ►

132.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Karol

Mailing Address 122 C St NW Ste 540

City
Washington

State Zip Code
DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Federal Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.52

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2014

Transaction ID : A2E0AF898B502422A860

Amount of Each Receipt this Period

45.46

Full Name (Last, First, Middle Initial)

B. Ms. Pamela J. Keeney

Mailing Address PO Box 68700

City
Indianapolis

State Zip Code
IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company, Inc.

Occupation
Vice President - Underwriting & Ins Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : A873CF4DB80F94A3A97E

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Ms. Pamela J. Keeney

Mailing Address PO Box 68700

City
Indianapolis

State Zip Code
IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company, Inc.

Occupation
Vice President - Underwriting & Ins Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2014

Transaction ID : AF5EC52BE5BEA4D72B99

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

210.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 80
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Frank P. Kellner III

Mailing Address 200 N Main St

City
Bel Air

State Zip Code
MD 21014-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance Company

Occupation
Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.20

Date of Receipt

M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : ACE69E9289E5543EBBB0

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Ms. Jami Kelly

Mailing Address One Mutual Avenue

City
Frankenmuth

State Zip Code
MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation
Director, Commercial Lines Underwritin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : AF7B1BE57F5A54DD6A03

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

C. Ms. Jami Kelly

Mailing Address One Mutual Avenue

City
Frankenmuth

State Zip Code
MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation
Director, Commercial Lines Underwritin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : A3D4B7C72EEF34330BE8

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)..... ►

119.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 80
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Terri Kietzer

Mailing Address 118 Downtown Plz

City State Zip Code
Fairmont MN 56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairmont Farmers Mutual Insurance Comp

Occupation

Office Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2014

Transaction ID : A037203DA25BE4CEFA41

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Drew A. Klasing

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Manager, Home Office Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 07 / 2014

Transaction ID : A82B9BDF0DED8475785C

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

c. Mr. Kraig T. Klopfenstein

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Sales/Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 07 / 2014

Transaction ID : A8471B52EF17447DE9CE

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

370.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 37 OF 80
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Andrew Knudsen

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Frankenmuth Mutual Insurance Company

Occupation
 Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : A0E3D92DA36CB495EB2A

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

B. Mr. Andrew Knudsen

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Frankenmuth Mutual Insurance Company

Occupation
 Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 23 / 2014

Transaction ID : ABF720C72715F49D0955

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

C. Ms. Pam Lahodny

Mailing Address 500 Hwy. 77-A

City State Zip Code
 Yoakum TX 77995

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Hochheim Prairie Farm Mutual Insurance

Occupation
 Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : A7CDC50AD556D4209809

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

326.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 80
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. J. William Lee

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 02 / 2014

Transaction ID : A18E0C5C86E654B4E870

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Theresa Lewis

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mutual Assurance Society of Virginia

Occupation

Secretary-Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.64

Date of Receipt

05 / 02 / 2014

Transaction ID : A4C235E55EE894F13874

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey Lopata

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1896

FEC ID number of contributing
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Manager - Commercial Lines E-Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 12 / 2014

Transaction ID : A17116F3423524BB6805

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1081.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Tim Lynch

Mailing Address PO Box 30660

City State Zip Code
 Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 07 2014

Transaction ID : AE2695E111917490CB35

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Mr. James Macallen

Mailing Address 57 Washington St

City State Zip Code
 Quincy MA 02169-5303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quincy Mutual Fire Insurance Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 20 2014

Transaction ID : A924158096BAC4ED4842

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Diane Marshall

Mailing Address PO Box 30660

City State Zip Code
 Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 07 2014

Transaction ID : A4FC3A83818974B909BD

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

391.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Phil McCain

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 09 / 2014

Transaction ID : A61E046AAFC57485395C

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

B. Mr. Phil McCain

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

05 / 23 / 2014

Transaction ID : ADCD446BDB9E74265B50

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

C. Mr. Dan McGrady

Mailing Address PO Box 778

City

Seattle

State

WA

Zip Code

98111-0778

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEMCO Mutual Insurance Company

Occupation

Director of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2014

Transaction ID : AD1EC004A016A43F39CA

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

326.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sherry L. McKenzie AAM, AIS

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 07 / 2014

Transaction ID : A792E122FEDB2402C8E8

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Mr. Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

05 / 09 / 2014

Transaction ID : A20A353401AE149CDB85

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

C. Mr. Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.50

Date of Receipt

05 / 23 / 2014

Transaction ID : A28F0407956EC41929B7

Amount of Each Receipt this Period

38.50

SUBTOTAL of Receipts This Page (optional)..... ►

152.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stan W. McNaughton

Mailing Address PO Box 778

City State Zip Code
Seattle WA 98111-0778

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEMCO Mutual Insurance Company

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2014

Transaction ID : AF11929052EDB4E08B27

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Kevin M. Meskill

Mailing Address 57 Washington St

City State Zip Code
Quincy MA 02169-5303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quincy Mutual Fire Insurance Company

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2014

Transaction ID : ABCF1E952CD8C43B8968

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mr. David Middleton

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : A96E3F805190646E0BB8

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3040.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 15 / 2014

Transaction ID : A6D1C48425D2D4906840

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Mr. David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

05 / 29 / 2014

Transaction ID : AFC5D75D5992B44939AD

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

c. Mr. Stephen H. Miller CPCU

Mailing Address 325 Eastlake Ave E

City

Seattle

State

WA

Zip Code

98109-5407

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEMCO Mutual Insurance Company

Occupation

Vice President & COO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 12 / 2014

Transaction ID : A30140322C9E44FFF8BF

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

580.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Dona L. Mohr

Mailing Address 1725 Hopley Ave

City State Zip Code
 Bucyrus OH 44820-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

05 / 06 / 2014

Transaction ID : A30E74CDF506D40ECB91

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Ms. Dona L. Mohr

Mailing Address 1725 Hopley Ave

City State Zip Code
 Bucyrus OH 44820-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 19 / 2014

Transaction ID : A0B3397D9C71D444FB2F

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Mr. James J. Moran Jr.

Mailing Address 57 Washington St

City State Zip Code
 Quincy MA 02169-5303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Quincy Mutual Fire Insurance Company

Occupation

Vice President and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : A20967CDA794B4CAB86C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

340.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Nawrocki

Mailing Address 118 Downtown Plz

City State Zip Code
Fairmont MN 56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairmont Farmers Mutual Insurance Comp

Occupation

Inspector/Adjuster

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : A603D13D988C0419DBEF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Eric Nelson

Mailing Address 1460 Wells St

City State Zip Code
Enumclaw WA 98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mutual of Enumclaw Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : ACC197A9B94464F0D927

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Eric Nelson

Mailing Address 1460 Wells St

City State Zip Code
Enumclaw WA 98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mutual of Enumclaw Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : AA3ACB480A08E4613941

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert F. Ohler

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.48

Date of Receipt

05 / 01 / 2014

Transaction ID : AE7F26D8918B642D8822

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mr. Paul Otto

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Vice President, Financial Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2014

Transaction ID : A5CE3E6CD96E8429FA33

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Mr. Rick W. Parks CPCU, AU,

Mailing Address PO Box 1029

City

Fond du Lac

State

WI

Zip Code

54936-1029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Society Insurance, a mutual co

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

Transaction ID : AA2253908858E4B5C862

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1133.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. John A. Paul PFMM, FMDC

Mailing Address PO Box 498

City State Zip Code
Council Bluffs IA 51502-0498

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Iowa Mutual Insurance Associat

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

05 / 20 / 2014

Transaction ID : AE4FFE23CFE13494A880

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Mr. John A. Paul PFMM, FMDC

Mailing Address PO Box 498

City State Zip Code
Council Bluffs IA 51502-0498

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Iowa Mutual Insurance Associat

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

05 / 20 / 2014

Transaction ID : ABEDD1E214657435AB26

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary S. Pierce

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.25

Date of Receipt

05 / 07 / 2014

Transaction ID : ACE0F46A2DA664FEAAB6

Amount of Each Receipt this Period

45.45

SUBTOTAL of Receipts This Page (optional)..... ►

295.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Duffy Pingree

Mailing Address PO Box 571310

City State Zip Code
Murray UT 84157-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bear River Mutual Insurance Company

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : A0D2EAC7A62AE4041882

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Curt Priem

Mailing Address 118 Downtown Plz

City State Zip Code
Fairmont MN 56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual Insurance Comp

Occupation
Loss Control

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

05 / 12 / 2014

Transaction ID : A8C77C28D78A14685ADE

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary Reinke

Mailing Address 118 Downtown Plz

City State Zip Code
Fairmont MN 56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual Insurance Comp

Occupation
Underwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 12 / 2014

Transaction ID : A56D8B2E3A0B74A6590F

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

925.00

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jonathan R. Riekse

Mailing Address PO Box 30660

City State Zip Code
 Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation
Senior Vice President, Personal Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : A5B443429141A4995AE5

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Mr. L. Gerald Roach CPCU, FLMI

Mailing Address 4027 Monument Ave

City State Zip Code
 Richmond IN 23230-3907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society of Virginia

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1090.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : A99969700CAE1419A80D

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. Mr. Jim Schloemer

Mailing Address 1900 S 18th Ave

City State Zip Code
 West Bend WI 53095-8796

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Bend Mutual Insurance Company

Occupation
Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : A6BF653A53D4448C4AE2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

543.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth Schroeder

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President, Commercial Unde

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 07 / 2014

Transaction ID : A2188DBE565E448E38A3

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Mr. James C. Schumacher

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Director - Agency Systems

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 07 / 2014

Transaction ID : AD89802798A1940A898D

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Ms. Judy Schumacher

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Assistant Vice President, Administrati

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 15 / 2014

Transaction ID : A669EAE509204649899

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

107.83

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Phyllis Senseman LUTCF

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Vice President Marketing and Communica

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 15 / 2014

Transaction ID : ACFD69C9C3F754E448D7

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Mr. Kent B. Shantz

Mailing Address PO Box 5626

City

Rockford

State

IL

Zip Code

61125-0626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockford Mutual Insurance Company

Occupation

COO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

05 / 06 / 2014

Transaction ID : AD87B2C29FC214BD7BA0

Amount of Each Receipt this Period

78.00

Full Name (Last, First, Middle Initial)

C. Mr. William D. Sheldon

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

General Counsel and Chief Compliance O

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 15 / 2014

Transaction ID : A1C504E1EFF2D491C94D

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

119.66

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gregory Shell

Mailing Address PO Box 30660

City State Zip Code
 Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : A647733086DD047F7906

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Christopher G. Shipe CPCU, AIT

Mailing Address PO Box 58

City State Zip Code
 Waterford VA 20197-0058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loudoun Mutual Insurance Company

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : A195A5F359D7C432C9C1

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr. Steven C. Sliver CPA

Mailing Address PO Box 577

City State Zip Code
 Huntingdon PA 16652-0577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Benefit Insurance Company

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : A112AE42BBE5441548EC

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Donald A. Smith Jr.

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

05 / 01 / 2014

Transaction ID : A8A89346962C34600A65

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

B. Mr. Donald A. Smith Jr.

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

05 / 15 / 2014

Transaction ID : A6A9280C0FF6E4F1DA2D

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

C. Ms. Irica Solomon

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President of Federal and Politica

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.60

Date of Receipt

05 / 02 / 2014

Transaction ID : A62B8244D31F34ED890A

Amount of Each Receipt this Period

45.46

SUBTOTAL of Receipts This Page (optional)..... ►

255.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Irica Solomon

Mailing Address 122 C St NW Ste 540

City
Washington

State Zip Code
DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Vice President of Federal and Politica

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.06

Date of Receipt

05 / 15 / 2014

Transaction ID : A82E2E16B3C6B4C02B7F

Amount of Each Receipt this Period

45.46

Full Name (Last, First, Middle Initial)

B. Ms. Irica Solomon

Mailing Address 122 C St NW Ste 540

City
Washington

State Zip Code
DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Vice President of Federal and Politica

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.52

Date of Receipt

05 / 29 / 2014

Transaction ID : AEDF4F4C260AE4855ACA

Amount of Each Receipt this Period

45.46

Full Name (Last, First, Middle Initial)

c. Mr. Steven C. Speicher

Mailing Address PO Box 30660

City
Lansing

State Zip Code
MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation
Regional Vice President - Forest Regio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2014

Transaction ID : A02B4C76D4A044C61BD7

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

140.92

TOTAL This Period (last page this line number only)..... ►

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. John R. Spielberg

Mailing Address 200 N Main St

City
Bel Air

State Zip Code
MD 21014-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance Company

Occupation
Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.48

Date of Receipt

05 / 01 / 2014

Transaction ID : AEB6112E98CBC47E1B45

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Ms. Kristen Spriggs

Mailing Address PO Box 68700

City
Indianapolis

State Zip Code
IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Vice President - Member Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 15 / 2014

Transaction ID : A54D13C3A727344BD848

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Ms. Kristen Spriggs

Mailing Address PO Box 68700

City
Indianapolis

State Zip Code
IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Vice President - Member Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

05 / 29 / 2014

Transaction ID : AD4C09B42F5CF419B84A

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

123.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 56 OF 80
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul G. Stueven PFMM

Mailing Address 118 Downtown Plz

City State Zip Code
Fairmont MN 56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairmont Farmers Mutual Insurance Comp

Occupation

COO/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2075.00

Date of Receipt

05 / 20 / 2014

Transaction ID : A0BF854BEF0AB424E85F

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Ms. Marlene Stueven

Mailing Address 118 Downtown Plz

City State Zip Code
Fairmont MN 56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairmont Farmers Mutual Insurance Comp

Occupation

Office Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 12 / 2014

Transaction ID : A323B7B414F7B47D9AFE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Tim F. Sullivan RPLU

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAMIC Insurance Company, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

05 / 02 / 2014

Transaction ID : A79E066879BD14DF7AE6

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

671.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 80
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Tim F. Sullivan RPLU

Mailing Address PO Box 68700

City
Indianapolis

State
IN

Zip Code
46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company, Inc.

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

05 / 15 / 2014

Transaction ID : A129C190828E24185A20

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Mr. Tim F. Sullivan RPLU

Mailing Address PO Box 68700

City
Indianapolis

State
IN

Zip Code
46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company, Inc.

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

05 / 29 / 2014

Transaction ID : A0435620418E14EC5845

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Mr. Terry Suttner

Mailing Address PO Box 68700

City
Indianapolis

State
IN

Zip Code
46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Vice President - Membership/Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.63

Date of Receipt

05 / 02 / 2014

Transaction ID : A3CA848A9AA1040B8AD2

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

232.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Terry Suttner

Mailing Address PO Box 68700

City
Indianapolis

State Zip Code
IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Vice President - Membership/Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : AB6BAACFB83BE4E0F814

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Mr. Terry Suttner

Mailing Address PO Box 68700

City
Indianapolis

State Zip Code
IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Vice President - Membership/Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : AF85E1DD5F1254F309A2

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

c. Ms. Susan K. Taggart PFMM

Mailing Address PO Box 68

City
Remington

State Zip Code
IN 47977-0068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Remington Farmers Mutual Insurance Com

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2014

Transaction ID : AE630AFF8A413417A9A1

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jeffrey Tagsold

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2014

Transaction ID : A53B92122B7D64765B11

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen Tenney

Mailing Address 118 Downtown Plz

City State Zip Code
Fairmont MN 56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual Insurance Comp

Occupation
Underwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2014

Transaction ID : AEC09627B3A6F455FB07

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Paul Tetrault

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
State & Policy Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 15 / 2014

Transaction ID : A5D2AE7C811034910830

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

370.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul Tetrault

Mailing Address PO Box 68700

City
Indianapolis

State Zip Code
IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
State & Policy Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

05 / 29 / 2014

Transaction ID : A9246356F93AE420DA2A

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Mr. Daniel J. Thelen

Mailing Address PO Box 30660

City
Lansing

State Zip Code
MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation
Senior Vice President of Human Resourc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2014

Transaction ID : A80247AE564614394BF6

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Joe Thesing

Mailing Address PO Box 68700

City
Indianapolis

State Zip Code
IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Vice President - State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 02 / 2014

Transaction ID : AB205BAFE6E78472AAA1

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 15 / 2014

Transaction ID : A2456B078898F4968B12

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Mr. Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

05 / 29 / 2014

Transaction ID : A2AA1B382D2CD42C5B2B

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

c. Mr. Gary W. Thompson CPCU, CIC

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 05 / 2014

Transaction ID : AA9A628D916BA4A33A0B

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

280.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Tierney

Mailing Address 57 Washington St

City State Zip Code
 Quincy MA 02169-5303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Quincy Mutual Fire Insurance Company

Occupation

SVP - Personal Lines Underwriting and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : AB3E9EBDF0F1C4AFAAE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Randall Trinklein

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

05 / 09 / 2014

Transaction ID : A8A46B4B1740F47B2A68

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

C. Mr. Randall Trinklein

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

05 / 23 / 2014

Transaction ID : AAC228F077A2F43CD878

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

328.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Ellen S. Truant

Mailing Address 200 N Main St

City State Zip Code
 Bel Air MD 21014-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Harford Mutual Insurance Company

Occupation
 Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.20

Date of Receipt

05 / 01 / 2014

Transaction ID : A056F24309A404CBCAC5

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Mr. Aaron J. Valentine

Mailing Address 1 Preferred Way

City State Zip Code
 New Berlin NY 13411-1896

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Preferred Mutual Insurance Company

Occupation
 Senior Vice President, Treasurer & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 12 / 2014

Transaction ID : A15022FDE02C54FA5905

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

c. Mr. Robert A. Wadsworth CIC, CPCU

Mailing Address 1 Preferred Way

City State Zip Code
 New Berlin NY 13411-1896

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Preferred Mutual Insurance Company

Occupation
 Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 19 / 2014

Transaction ID : A67EBE12622854CC5B0F

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1121.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Rod Walgrave

Mailing Address 118 Downtown Plz

City State Zip Code
 Fairmont MN 56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairmont Farmers Mutual Insurance Comp

Occupation

Adjuster/Inspector

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 12 / 2014

Transaction ID : AC19A8BE5C3FB473F8FB

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Randy Walker

Mailing Address 5602 Riverside Dr

City State Zip Code
 Dublin OH 43017-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Director-Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2014

Transaction ID : AC90ACE4E75E94D55BE0

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. James J. Walsh Jr.

Mailing Address PO Box 30660

City State Zip Code
 Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Vice President-Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2014

Transaction ID : A535377C59AD9474EA41

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

475.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ian R. Ward

Mailing Address PO Box 30660

City State Zip Code
 Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation
Senior Vice President, Investments and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : AC4117FCBF230437C931

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. David P. Weaver

Mailing Address PO Box 84

City State Zip Code
 Marble PA 16334-0084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Fire Insurance Company

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : AEBF82D99D9DF4B66B52

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeff Weeks

Mailing Address PO Box 778

City State Zip Code
 Seattle WA 98111-0778

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEMCO Mutual Insurance Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : A7B25CC06FB0948A98E2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 OF 80

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Wenger

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President and Chief P&C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 07 / 2014

Transaction ID : A03B4691197AD448CAFE

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Mr. Noel A. Williams

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Vice President of Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 15 / 2014

Transaction ID : AA9B33E8C2B874B8397B

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Mr. David Wilson

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mutual of Enumclaw Insurance Company

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 06 / 2014

Transaction ID : AD4DCA580D85D4E4DB05

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

604.83

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 80
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. William Woodbury

Mailing Address 6101 Anacapri Blvd

City	State	Zip Code
Lansing	MI	48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

SVP, Assoc. Secretary & Assoc. General

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2014

Transaction ID : AF070B179DFA146708E8

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeffrey S. Wrobel SR, CPC, A

Mailing Address PO Box 6927

City	State	Zip Code
Richmond	VA	23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mutual Assurance Society of Virginia

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

Transaction ID : AB3E5E8A00EAD4AA7A01

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Mr. Jerry G. Zenke PFMM

Mailing Address PO Box 708

City	State	Zip Code
Houston	MN	55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mound Prairie Mutual Insurance Company

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2014

Transaction ID : A43B819298CBB4713962

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

625.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 80

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jerry G. Zenke PFMM

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mound Prairie Mutual Insurance Company

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : AAC101F320DEA4F47988

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

33546.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 80
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Nationwide Mutual Insurance Company Political Action Committee

Mailing Address One Nationwide Plaza
1-32-301

City State Zip Code
Columbus OH 43215

FEC ID number of contributing
federal political committee.

C C00076174

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2014

Transaction ID : A05D76C74E8014ACA8E1

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 80
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. NAMIC Administrative Fund

Mailing Address 3601 Vincennes Rd

City State Zip Code
Indianapolis IN 46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1405.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 30 2014

Transaction ID : A0E5610F819844A5D9A3

Amount of Each Receipt this Period

177.94

Reimb. of bank fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

177.94

177.94

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

National Association of Mutual Insurance Companies PAC

Fruit	Number of people
Apple	7.95
Banana	8.5
Orange	9.0
Pear	9.5

State: District:

05 / 19 / 2014

4.88

State: District:

118.22

State: District:

Age Group	Percentage
18-24	131.05
25-34	100.00
35-44	100.00
45-54	100.00
55-64	100.00
65-74	100.00
75+	100.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

National Association of Mutual Insurance Companies PAC

A. Chase Bank

Date of Disbursement

05 / 02 / 2014

Transaction ID : BAA0009685B654657AC5

Category/
Type

Amount of Each Disbursement this Period

129.20

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

129.20

TOTAL This Period (last page this line number only).....

260.25

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. ALASKANS FOR BEGICH

Mailing Address PO BOX 240287

City Anchorage	State AK	Zip Code 99524-0287
-------------------	-------------	------------------------

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Mark BegichOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : BFE864392DCBE4F24910

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ANDY BARR FOR CONGRESS, INC.

Mailing Address PO BOX 2059

City LEXINGTON	State KY	Zip Code 40588
-------------------	-------------	-------------------

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Andy Barr IVOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : BC1B4C660A5C74D09B34

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BEATTY FOR CONGRESS

Mailing Address PO BOX 172

City COLUMBUS	State OH	Zip Code 43216
------------------	-------------	-------------------

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Joyce B. BeattyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : B2EEECF3430E4226B75

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Bill Shuster for Congress

Mailing Address PO Box 27

City	State	Zip Code
Hollidaysburgh	PA	16648

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Bill F. ShusterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	27	/	2014

Transaction ID : B2D628BE52AA541F3A5A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CAPITO FOR WEST VIRGINIA

Mailing Address PO BOX 11519

City	State	Zip Code
CHARLESTON	WV	25339

Purpose of Disbursement
WV US Senate

Candidate Name

Shelley Moore CapitoOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	06	/	2014

Transaction ID : B4EFE1261F04B414AB4A

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Clay Jr. for Congress

Mailing Address PO Box 4544

City	State	Zip Code
St. Louis	MO	63108

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Lacy Clay Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	27	/	2014

Transaction ID : BFF60DDBB252A4F8DA61

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. DENNY HECK FOR CONGRESS

Mailing Address PO BOX 235

City	State	Zip Code
Olympia	WA	98507-0235

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Denny HeckOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : B8DC9005C837E4FCDB17

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Bill Posey

Mailing Address PO Box 360877

City	State	Zip Code
Melbourne	FL	32936

Purpose of Disbursement
FL US House

Candidate Name

Rep. Bill PoseyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2014

Transaction ID : B22C0BF12550849A7930

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAN KILDEE

Mailing Address P.O. BOX 248

City	State	Zip Code
FLINT	MI	48501

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Dan T. KildeeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : B7A48D316807D4C51826

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Kelly Ayotte

Mailing Address PO Box 937

City	State	Zip Code
Manchester	NH	03105

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Kelly A. AyotteOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : B6FE08EFA03E14A2BBCD

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. House Conservatives FundMailing Address 228 S Washington Street
Suite 115

City	State	Zip Code
Alexandria	VA	22314-5404

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : B13C4A4B9F32740C48A9

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. INVEST IN A STRONG AND SECURE AMERICA - ISSA PAC

Mailing Address PO BOX 3799

City	State	Zip Code
Vista	CA	92085-3799

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : BFCE00029C91B4CFABEE

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. JOHNSON FOR CONGRESS

Mailing Address P.O. BOX 14496

City	State	Zip Code
Poland	OH	44514-7496

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Bill JohnsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	27	/	2014

Transaction ID : B9A4A1C0127CE41D68FF

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McHenry for Congress

Mailing Address PO Box 1406

City	State	Zip Code
Hickory	NC	28603

Purpose of Disbursement
NC US House

Candidate Name

Rep. Patrick T. McHenryOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	06	/	2014

Transaction ID : B44A85AB422A04AFB9A6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Perlmutter for CongressMailing Address 3440 Youngfield Street
#264

City	State	Zip Code
Wheat Ridge	CO	80033

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Ed G. PerlmutterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	27	/	2014

Transaction ID : BDAEC9D2CCB524910B5E

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Perlmutter for CongressMailing Address 3440 Youngfield Street
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Ed G. PerlmutterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : B6C24B8DB8953407DB9E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pioneer PACMailing Address 701 8th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼ Other2014

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : B9716BC28437C44D2B91

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Robert Hurt for Congress

Mailing Address PO Box 8

City Chatham State VA Zip Code 24531

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Robert HurtOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : B058038BD3A0E45A4B87

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Robert Hurt for Congress

Mailing Address PO Box 8

City	State	Zip Code
Chatham	VA	24531

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Robert HurtOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : B8244E88FF3E14DDB9D4

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. ROCK CITY PAC

Mailing Address 1015 STONEBRIDGE PARK DRIVE

City	State	Zip Code
FRANKLIN	TN	37069

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : B9CCBFDE7F54446BAB43

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Sherman for Congress

Mailing Address 777 S. Figueroa St., Ste. 4050

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Brad J. ShermanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : B935EF35BC0ED4C9E87A

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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